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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/698,310
Filing Date	10/27/2000
First Named Inventor	William L. Reber
Art Unit	3693
Examiner Name	Karmis, Stefanos
Attorney Docket Number	7696-83528

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

*William L. Reber*

Name

William L. Reber

Date

6/18/08

Telephone

847-925-9619

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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